Landscape of Plan
Options in
North Dakota
2007



Medicare Advantage Cost Plans and Demonstrations

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maicates plan de	oes not offer Part D drug coverage.								011
				Monthly					Offers
				Consolidated			_		Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Adams	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Adams	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Adams	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Adams	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Adams	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Adams	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Adams	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Adams	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Adams	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00	Ψ20.00	ΨΟ	Limanood		
Adams	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00	φ20.70	\$100	Lilianceu		•
Adams			PFFS *						
Barnes	Advantra® Freedom	Freedom 2 (H0846-005)		\$0.00					
Barnes	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Barnes	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Barnes	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Barnes	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Barnes	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Barnes	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Barnes	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Barnes	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00	4=0.00				
Barnes	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Barnes	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Barnes	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Barnes	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Barnes	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Barnes	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Barnes	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Barnes	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Barnes	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Barnes	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00	Ψ20.70	Ψίου	Limanood		
Barnes	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Barnes	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Barnes	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00	φ11.00	φυ	Lillanced		•
Barnes	Unicare Life & Health Ins. Company Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$25.00 \$56.00	\$28.70	\$0	Enhanced	Generics	
								Genencs	•
Benson	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Benson	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Benson	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Benson	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Benson	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Benson	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Benson	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Benson	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00	# 20 0	Ψ.00			
Billings	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00			†		
Billings	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00			 		
	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	¢16 40	\$265	Basic		
Billings	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003) MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO Regional PPO	\$33.30 \$75.90	\$16.40 \$15.40	\$265 \$265	Basic		
Billings									•

indicates plan do	es not offer Part D drug coverage.								0.00
				Monthly					Offers
				Consolidated					Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Billings	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Billings	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Billings	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Billings	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Billings	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Billings	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00		i -			
Billings	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Billings	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Billings	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Billings	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Bottineau	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00	*	**			
Bottineau	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Bottineau	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Bottineau	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Bottineau	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Bottineau	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Bottineau	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Bottineau	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Bottineau	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Bowman	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Bowman	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Bowman	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Bowman	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Bowman	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Bowman	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Bowman	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Bowman	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00	•				
Burke	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Burke	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00			İ		
Burke	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Burke	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Burke	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		_
Burke	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Burke	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Burke	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Burke	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Burke	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00	Ψ20.70	ψ100	Lillanceu		•
Burleigh	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00			1		
Burleigh	Advantra® Freedom Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Burleigh	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		
Burleigh Burleigh				\$75.90 \$91.70	\$15.40		Enhanced	 	•
Burleigh Burleigh	Blue Cross Blue Shield of North Dakota Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006) MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO Regional PPO	\$91.70	\$29.80	\$0 \$0	Enhanced	All Formulary Drugs	•
		, ,	ŭ	•	•	•		Simalar j Drugs	
Burleigh	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Burleigh	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Burleigh	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00			ļ	1	
Burleigh	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Burleigh	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Burleigh	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00		I			1

mulcales plan uc	oes not offer Part D drug coverage.								
				Monthly					Offers
				Consolidated					Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Burleigh	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Burleigh	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Burleigh	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Cass	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Cass	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Cass	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Cass	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Cass	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Cass	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	5
Cass	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Cass	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Cass	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Cass	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Cass	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Cass	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Cass	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Cass	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Cass	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Cass	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Cass	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Cass	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Cass	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Cass	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Cass	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Cass	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Cass	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Cavalier	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Cavalier	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Cavalier	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Cavalier	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Cavalier	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Cavalier	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Cavalier	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Cavalier	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Cavalier	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Cavalier	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Cavalier	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Cavalier	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Cavalier	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					1
Cavalier	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Dickey	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00		T			1
Dickey	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Dickey	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Dickey	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Dickey	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Dickey	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Dickey	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced	1	•
-·-·- <i>y</i>	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00	Ψ=0.00	¥°		 	- -

	es not offer Part D drug coverage.			Manalala					066
				Monthly					Offers
				Consolidated	Monthly	A	Device	Time of	Variable
			Tune of Medicare	Premium	Monthly	Annual	Drug	Type of	Drug
0	Oiti N	Dies Messe	Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Dickey	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Dickey	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Dickey	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Dickey	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Dickey	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Dickey	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Dickey	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	
Diokoy	modica modifance company	Moded 1 mile col. Emidiloca W.Emidiloca TX (112 100 000)	Cool	Ψ110.00	φου.σσ	ΨΟ	Limanoca	Generics	
Dickey	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Dickey	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Divide	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Divide	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Divide	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Divide	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Divide	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	;
Divide	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		— —
Divide	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		<u> </u>
Divide	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00	Ψ20.00	ΨΟ	Lillanceu		
Divide	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Divide	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00	\$20.70	\$100	Ellianceu		
Dunn	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		
Dunn	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003) MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO Regional PPO	\$33.30 \$75.90	\$15.40	\$265	Basic		•
Dunn	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80				-
Dunn	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006) MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$29.80	\$0 \$0	Enhanced	All Formulary Drugs	
Dunn	Blue Cross Blue Snield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	1
Dunn	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Dunn	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Dunn	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Dunn	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Dunn	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Eddy	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Eddy	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Eddy	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Eddy	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Eddy	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Eddy	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Eddy	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Eddy	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Eddy	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00	7=3.00	T			t -
Eddy	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Eddy	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00	Ψ20.70	Ψισσ			
Eddy	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Eddy	Unicare Life & Health Ins. Company	SecurityChoice Classic (10340-001) SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		
Eddy	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00	ψ11.00	ΨΟ	Limanoed		
Eddy	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Emmons	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS*	\$0.00	Ψ20.10	υψ	Linanced	GUICIUS	
	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		
	ibiue Ciuss Diue Silieiu ui Nuitii Dakula	INICUICATEDIUE FFO ESSETILIAI FIUS IXX 1 (INDO00-003)	Negional FPO	φ33.30	φ10. 4 0	φΖΟΌ	Dasic		
Emmons Emmons	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•

maioatoo pian dooc	s not offer Part D drug coverage.			Monthly					Offere
				Monthly					Offers
				Consolidated	Manadalis	A	Down	T 6	Variable
			Toma of Madiana	Premium	Monthly	Annual	Drug	Type of	Drug
		DI N	Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Emmons	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Emmons	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Emmons	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Emmons	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Emmons	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Emmons	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Foster	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Foster	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Foster	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Foster	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Foster	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Foster	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Foster	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Foster	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00	Ψ20.00	Ψΰ	21111011000		
Foster	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Foster	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00	Ψ20.1.0	ψ.σσ	21111011000		
Golden Valley	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Golden Valley	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Golden Valley	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		
Golden Vallev	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Golden Valley	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Golden Valley	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Golden Vallev	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		
Golden Vallev	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Golden Valley	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Golden Valley	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Golden Valley	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Golden Valley	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Golden Valley	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Golden Valley	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Golden Valley	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Grand Forks	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Grand Forks	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Grand Forks	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Grand Forks	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Grand Forks	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Grand Forks	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Grand Forks	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Grand Forks	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Grand Forks	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Grand Forks	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Grand Forks	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		
Grand Forks	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Grand Forks	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Grand Forks	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Grant	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Grant	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Grant	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•

indicates plan do	oes not offer Part D drug coverage.			Manadala					066
				Monthly					Offers
				Consolidated	Manuallala	0	Down	T 6	Variable
			Tune of Medicare	Premium	Monthly	Annual	Drug	Type of	Drug
Country	Organization Name	Diam Name	Type of Medicare Health Plan	(Includes	Drug	Drug Deductible	Benefit	Extra Coverage Offered in the Gap	Co-
County	Organization Name	Plan Name MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	Part C + D) \$91.70	Premium \$29.80	\$0	Type Enhanced	Offered in the Gap	payments
Grant	Blue Cross Blue Shield of North Dakota			*				All Cormulos Drugo	•
Grant	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Grant	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Grant	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Grant	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Grant	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Grant	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Griggs	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Griggs	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Griggs	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Griggs	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Griggs	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Griggs	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Griggs	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Griggs	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Griggs	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Griggs	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
99-				•	,				
Griggs	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Griggs	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Griggs	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Griggs	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Griggs	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Hettinger	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Hettinger	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Hettinger	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Hettinger	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Hettinger	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Hettinger	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Hettinger	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Hettinger	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Hettinger	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Hettinger	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Kidder	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Kidder	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Kidder	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Kidder	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Kidder	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Kidder	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Kidder	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Kidder	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Kidder	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Kidder	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Kidder	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Kidder	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Kidder	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Kidder	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Kidder	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
LaMoure	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					

indicates plan do	bes not offer Part D drug coverage.								0.00
				Monthly					Offers
				Consolidated			_		Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
LaMoure	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
LaMoure	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
LaMoure	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
LaMoure	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
LaMoure	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
LaMoure	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
LaMoure	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
LaMoure	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
LaMoure	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
LaMoure	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
LaMoure	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
LaMoure	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
LaMoure	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
LaMoure	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
LaMoure	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
LaMoure	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
LaMoure	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
LaMoure	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Logan	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Logan	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Logan	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Logan	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Logan	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Logan	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Logan	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Logan	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Logan	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Logan	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
McHenry	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
McHenry	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
McHenry	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
McHenry	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
McHenry	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
McHenry	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
McHenry	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
McHenry	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
McHenry	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
McHenry	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
McIntosh	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
McIntosh	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
McIntosh	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
McIntosh	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
McIntosh	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
McIntosh	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
McIntosh	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
McIntosh	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
McKenzie	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00	İ	İ	1		

indicates plan do	es not offer Part D drug coverage.								011
				Monthly					Offers
				Consolidated			_		Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
McKenzie	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
McKenzie	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
McKenzie	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
McKenzie	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
McKenzie	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
McKenzie	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
McKenzie	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
McKenzie	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
McKenzie	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
McKenzie	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00	4-011-0	*			
McKenzie	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
McKenzie	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
McKenzie	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00	Ψ11.00	Ψΰ	Emianoca		
McKenzie	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
McLean	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00	Ψ20.70	ΨΟ	Lillanceu	GCHCHGS	•
McLean	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
McLean	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Flus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		
McLean	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)		\$91.70				-	
			Regional PPO		\$29.80	\$0	Enhanced	All Cormulary Drugg	•
McLean	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
McLean	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
McLean	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
McLean	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
McLean	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
McLean	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Mercer	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Mercer	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Mercer	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Mercer	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Mercer	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Mercer	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Mercer	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Mercer	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Mercer	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00	Ψ20.00	Ψΰ	Emianoca		
Mercer	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Mercer	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00	Ψ20.70	Ψ100	Lillancea		
Morton	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Morton	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		
Morton	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-005) MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		
Morton	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$91.70	\$29.80	\$205	Enhanced		<u> </u>
Morton	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-008) MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$29.80	\$0 \$0		All Formulary Drugs	•
		,	ŭ	•	*	, ,		All Formulary Drugs	
Morton	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Morton	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Morton	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Morton	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Morton	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Mountrail	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Mountrail	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Mountrail	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Mountrail	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Mountrail	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•

maicatec plan de	es not offer Part D drug coverage.			Manualists.					066
				Monthly					Offers
				Consolidated	Monthly	A	Davis	Time of	Variable
			Tomas of Marillanes	Premium	Monthly	Annual	Drug	Type of	Drug
		DI N	Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Health Plan	Part C + D)	Premium	Deductible	Туре	Offered in the Gap	payments
Mountrail	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Ennanced Plus RX 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Mountrail	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Mountrail	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Mountrail	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Mountrail	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Mountrail	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Mountrail	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Mountrail	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Mountrail	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Mountrail	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Nelson	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Nelson	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Nelson	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Nelson	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Nelson	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		
Nelson	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		
Nelson	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		-
Nelson	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00	φ20.70	\$100	Ellianceu		⊢ •
Oliver	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Oliver		MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO		\$16.40	₽00E	Basic		
	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003) MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)		\$33.30		\$265			•
Oliver Oliver	Blue Cross Blue Shield of North Dakota Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO Regional PPO	\$75.90 \$91.70	\$15.40	\$265 \$0	Basic Enhanced		•
					\$29.80			All Cormulary Drugg	•
Oliver	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Oliver	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		
Oliver	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		-
Oliver	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00	Ψ20.00	Ψΰ	Emianoca		
Oliver	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		— .
Oliver	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00	Ψ20.70	ψιου	Lillancea		
Pembina	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Pembina	Advantra® Freedom Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Pembina	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		
Pembina	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		
Pembina	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		
Pembina Pembina	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-008)	Regional PPO Regional PPO	\$179.70	\$29.80	\$0	Enhanced	All Formulary Drugs	
Pembina		,	, and the second	•		\$0	Ennanced	All Followings	
Pembina	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Pembina	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Pembina	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					<u> </u>
Pembina	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Pembina	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Pembina	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Pembina	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Pembina	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Pembina	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Pierce	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Pierce	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Pierce	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Pierce	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Pierce	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		
Pierce	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		-

indicates plan do	oes not offer Part D drug coverage.					ı			
				Monthly					Offers
				Consolidated					Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Pierce	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Pierce	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Ramsey	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Ramsey	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Ramsey	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Ramsey	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Ramsey	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Ramsey	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	Š
Ramsey	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Ramsey	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Ramsey	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Ramsey	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Ramsey	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Ramsey	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00	1				
Ramsey	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Ramsey	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Ramsey	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Ransom	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Ransom	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Ransom	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Ransom	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Ransom	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
_			5==0	***					
Ransom	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Ransom	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Ransom	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Ransom	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Ransom	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Ransom	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Ransom	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Ransom	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Ransom	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Ransom	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Ransom	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Ransom	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Ransom	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Renville	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Renville	Advantra® Freedom	Freedom 5 (H5227-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Renville	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Renville	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Renville	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Renville	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Renville	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Renville	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Renville	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Renville	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Renville	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Renville	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00	Ţ	7			
Renville	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00	1		1		

marcates plan as	es not offer Part D drug coverage.			Mandala					066
				Monthly					Offers
				Consolidated					Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Туре	Offered in the Gap	
Renville	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Renville	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Renville	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Richland	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Richland	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Richland	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Richland	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Richland	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Richland	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Richland	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		
Richland	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Richland	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00	Ψ20.00	ΨΟ	Lilianoca		Ť
Richland	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Richland	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
		,		·	·	* -			•
Richland	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Richland	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Richland	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Richland	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		
Richland	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Richland	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Richland	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Richland	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00	Ψ20.7 0	ψ.σσ	21111011000		
Richland	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					-
Richland	Unicare Life & Health Ins. Company	SecurityChoice Classic (110340 001)	PFFS	\$11.00	\$11.00	\$0	Enhanced		
Richland	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00	Ψ11.00	ΨΟ	Liliancea		· ·
Richland	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H9540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	
Rolette	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS*	\$0.00	φ20.70	ΦΟ	Ellianceu	Generics	•
	Aetna Medicare	Aetna Medicare Open Plan (H5736-002)	PFFS	\$80.00	#04.00	\$265	Doois		-
Rolette					\$21.80		Basic		
Rolette	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic	1	•
Rolette	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic	1	•
Rolette Rolette	Blue Cross Blue Shield of North Dakota Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006) MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO Regional PPO	\$91.70 \$179.70	\$29.80 \$101.20	\$0 \$0	Enhanced Enhanced	All Formulary Drugs	•
Dolotto	Humana Inguranga Campany	Humana Cold Chaina DEEC H1904 173 (H4904 173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		
Rolette Rolette	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173) Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$0.00	\$20.00	\$0	Enhanced Enhanced		•
	Humana Insurance Company								•
Rolette	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced	1	•
Rolette	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00	046.15	0000	 		
Sargent	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic	-	•
Sargent	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Sargent	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Sargent	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	i i
Sargent	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Sargent	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Sargent	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00	+				
Sargent	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Sargent	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Cargont	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic	+	
Sargent Sargent	Medica Insurance Company Medica Insurance Company	Medica Prime Solution Value (H2450-007) Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•

* Indicates plan do	es not offer Part D drug coverage.					l .			
				Monthly					Offers
				Consolidated					Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Sargent	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Sargent	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Sargent	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Sargent	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Sargent	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					ĺ
Sheridan	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					1
Sheridan	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Sheridan	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Sheridan	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Sheridan	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Sheridan	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Sheridan	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Sheridan	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00	V	**			
Sheridan	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Sheridan	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00	Ψ20σ	ψ.σσ	2		
Sioux	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					—
Sioux	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Sioux	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Sioux	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
	Blue Cross Blue Shield of North Dakota			\$91.70	\$29.80	\$205	Enhanced		•
Sioux	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$179.70	\$29.80	\$0		All Cormulary Drugo	⊢∸
Sioux	Blue Cross Blue Snield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	İ
Sioux	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Sioux	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Sioux	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Sioux	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Sioux	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Sioux	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					<u></u>
Sioux	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Sioux	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					L
Sioux	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Slope	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					L
Slope	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					ĺ
Slope	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Slope	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Slope	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Slope	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Slope	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Slope	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Slope	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Slope	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Slope	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Stark	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Stark	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Stark	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		
Stark	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		
Stark	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		
Stark	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Ctork	Humana Inguranas Comment	Humana Cold Chaiga DEEC 14904 473 (14904 470)	DETO	\$0.00	\$0.00	60	Enhance		
Stark	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•

marcated plan act	s not offer Part D drug coverage.								Office
				Monthly Consolidated				Type of Extra Coverage	Offers Variable Drug Co-
							Drug Benefit		
			Toma of Madiana	Premium	Monthly	Annual			
•		a	Type of Medicare	(Includes	Drug	Drug			
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	
Stark	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Stark	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Stark	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Stark	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Statewide	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Statewide	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Statewide	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Statewide	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Steele	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Steele	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Steele	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Steele	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Steele	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Steele	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Steele	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Steele	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Steele	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		-
Steele	Medica Insurance Company	Medica Prime Solution Value (12450-007) Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		
Steele		Medica Prime Solution Basic (H2450-001) Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0 \$0	Enhanced	Generics	•
Steele	Medica Insurance Company	Medica Pfiffle Soi. Basic W/ Effidanced RX (Fiz450-005)	Cost	\$120.90	\$30.90	Φυ	Ennanceu	Genetics	•
Steele	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Steele	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Steele	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Steele	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Steele	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Stutsman	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Stutsman	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Stutsman	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Stutsman	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Stutsman	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Stutsman	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Stutsman	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Stutsman	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced	İ	•
Stutsman	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00	Ψ20.00	ΨΟ	Limanood		
Stutsman	Medica Health Plans	Medica Advantage Solution Standard (12410-001) Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic	 	
Stutsman	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Stutsman	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Stutsman	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Stutsman	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Stutsman	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Stutsman	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Stutsman	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 1 (H5435-001)	PFFS *	\$0.00					
Stutsman	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Stutsman	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Stutsman	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00		1			
Stutsman	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Stutsman	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00	1				

mulcates plan do	bes not offer Part D drug coverage.								044
				Monthly					Offers Variable
				Consolidated					
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	
Stutsman	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Towner	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Towner	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Towner	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Towner	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Towner	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Towner	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Towner	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Towner	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Towner	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Towner	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Towner	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Traill	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Traill	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Traill	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Traill	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Traill	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		
Traill	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	,
Traill	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		
Traill	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$20.00	\$20.00	\$0	Enhanced		
Traill	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$20.00	\$20.00	\$0	Ennanced		 -
	Medica Health Plans	Medica Advantage Solution Standard (H2410-001) Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Traill									
Traill	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Traill	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Traill	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Traill	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Traill	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		
Traill	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
	, ,	,		·	Ψ30.90	ΨΟ	Lillanced	Generies	
Traill	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Traill	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Traill	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Traill	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Traill	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Traill	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Traill	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Walsh	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Walsh	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Walsh	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Walsh	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Walsh	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	i
Walsh	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Walsh	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Walsh	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Walsh	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Walsh	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Ward	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00			İ		
Ward	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00			İ		
Ward	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic	1	

	oes not offer Part D drug coverage.			Monthly		Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-
		Plan Name	Type of Medicare	Consolidated Premium (Includes Part C + D)	Monthly Drug Premium				
	Organization Name								
County			Health Plan						payments
Ward	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Ward	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Ward	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Ward	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Ward	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Ward	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Ward	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Ward	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Ward	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Ward	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Ward	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Ward	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Wells	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS*	\$0.00					
Wells	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Wells	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Wells	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Wells	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Wells	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0		All Formulary Drugs	
Wells	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Wells	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Wells	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					<u></u>
Wells	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Wells	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Williams	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					L
Williams	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Williams	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Williams	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Williams	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Williams	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Williams	Humana Insurance Company	Humana Gold Choice PFFS H1804-173 (H1804-173)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Williams	Humana Insurance Company	Humana Gold Choice PFFS H1804-174 (H1804-174)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Williams	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 1 (H5435-001)	PFFS *	\$0.00					
Williams	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Rx Plan 55 (H5435-014)	PFFS	\$10.30	\$10.30	\$265	Basic		
Williams	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Williams	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					ļ
Williams	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					.
Williams	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Williams	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Williams	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•